

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	gmc		9/18/01
O.I.P.E. CLASSIFIER		10	9-22-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	gmc	859	10-24-00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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